

MAIL TO:

WYOMING GAME AND FISH DEPARTMENT

LICENSE SECTION 5400 BISHOP BLVD

CHEYENNE, WY 82006-0001

## WYOMING GAME AND FISH DEPARTMENT SHOOT FROM A VEHICLE PERMIT APPLICATION



APPLICANT COMPLETE:								
						XXX-XX	r_	
Last Name	First Name	Middle Ir	nitial -	Date o	f Rirth			
Lust Punic	1 Hat I value	Wildaic Illinai			Date of Birth (MM/DD/YYYY)		Social Security Number (Last Four (4) Digits REQUIRED)	
M 'P' A 11		O.,		- C		D F	1 XY 1	
Mailing Address		City		State	Zip Code	Daytime F	hone Number	
Physical Address		City		State	Zip Code	Email Add	lress (optional)	
Weight (lbs)	Height (Ft' Inc	hes")	Ev	e Color	—————Hair	Color	Sex	
Weight (183)	meight (i t inc	Ly	c color	Tiun	11 CO101 DCA			
wheelchair, cane, crutches or Commission Regulation, Chapter  Applicant's Signature and Date		condition de						
Applicant's Signature and Date		or				Parent/Legal Guardian's Signature and Date (If applicant is under the age of 18)		
AT ALL TIMES, utilize a value moving to and from a vehicle  Name of licensed medical doctor,	(as defined by Co	ommission R	Regulation, (	Chapter 35).			the individual in	
							_	
Address			City	7		State	Zip Code	
Signature of licensed medical doctor, nurse practitioner or physician's assistant						Date		
<u>1</u>	THIS APPL	ICATIO:	N CAN	NOT BE	ALTERE	<u>D.</u>		
ALTE	RED APPL	<u>ICATIO</u>	NS WI	LL NOT	BE ACCE	PTED.		
Wyoming Game and Fish Com Any person who makes a false star optometrist, or ophthalmologist w shall be in violation of this regulation	tement on an app ho makes a false	lication to ob statement o	otain a perm n an applic	it or any me ation in orde	dical doctor, nu er that a person	rse practitioner might fraudule	, physician assistant, ntly obtain a permit	
Permits are issued only at Wyoming Game an CASPER or the Wyoming Game and Fish He			ated in JACKS	ON, PINEDALE	, CODY, SHERIDA	N, GREEN RIVER,	LARAMIE, LANDER,	

FAXED OR EMAILED COPIES WILL NOT BE ACCEPTED

Permit#:

Date Issued:

OFFICE USE ONLY

Issued By: